

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL  
DISABILITIES AND ADDICTIVE DISEASES**

**APPLICATION USER'S GUIDELINE  
TO BECOME A PROVIDER OF  
STATE SUPPORTED AND MEDICAID REIMBURSED  
MENTAL HEALTH AND ADDICTIVE DISEASES SERVICES  
FOR CHILDREN AND ADOLESCENTS**



**DHR**

## OVERVIEW

Beginning April 1, 2007, the majority of the Division of Mental Health Developmental Disabilities and Addictive Diseases (MHDDAD) state funded Child and Adolescent services will be reimbursed through a Fee for Service payment system with qualified providers who have signed Provider Agreements with the Division of MHDDAD. This revised guideline and accompanying application, *Behavioral Health Provider Application* are targeted for prospective providers of these services. Consideration will only be given to providers who are currently accredited and those who have submitted an application for accreditation in order to become accredited within 18 months. The Division of MHDDAD recognizes that these accrediting bodies will not accept applications unless the organization has been in operation and providing services for a minimum of six (6) months. Therefore, organizations applying to deliver services through the Division (this application process) must be established organizations with at least a six (6) months service delivery history. The Division of MHDDAD accepts the following accrediting agencies:

- **CARF** – The Commission on Accreditation of Rehabilitation Facilities
  - [www.carf.org](http://www.carf.org)
- **JCAHO** – The Joint Commission on Accreditation of Healthcare Organizations
  - [www.jointcommission.org](http://www.jointcommission.org)
- **The Council** – The Council on Quality and Leadership
  - [www.thecouncil.org](http://www.thecouncil.org)
- **COA** – Council on Accreditation of Services for Families and Children
  - [www.coanet.org](http://www.coanet.org)

**NOTE:** For organizations currently accredited as in-patient facilities by one of these bodies, this accreditation is acceptable; however, these organizations must submit application to the accrediting body for an accreditation review of out-patient services during the organization's next scheduled renewal review. It is expected that while the organization awaits the appropriate accreditation, the day-to-day operations must be in compliance with the accrediting body's service delivery standards and accreditation requirements.

Any organization, regardless of their current relationship with DHR and the Division of MHDDAD must complete and submit the *Behavioral Health Provider Application* in order to be considered as a state reimbursed services provider through Fee for Service. All applicants must also be prepared to bill Medicaid for Mental Health and Addictive Disease services for recipients who are Medicaid eligible. In addition to submitting the *Behavioral Health Provider Application*, organizations must also submit a completed Medicaid application for which details are also outlined in this guide.

**NOTE:** If the organization is currently authorized as a Medicaid Rehabilitation Option provider for the same services at the same location included in this application, no further Medicaid application is required. However, if the location is a new service site the Medicaid application must be completed. Details of this Medicaid information will be specified in the *Behavioral Health Provider Application*.

## **Medicaid Application Requirements:**

The website for more details regarding Medicaid provider requirements is [www.ghp.georgia.gov](http://www.ghp.georgia.gov). Click on the “Provider Information” tab and the link to “Medicaid Provider Manuals”, particular attention should be given to the links for [Part I Policies and Procedures / Billing Manual](#) and [Community Mental Health Services](#) for provider details.

To access the Georgia Department of Community Health (DCH), Division of Medical Assistance (DMA) Provider Enrollment Application Instructions (the 27-page Medicaid application) click on the link “Become a Provider“ then click on the link “Enroll as a Facility”.

This is the Medicaid application, which must be submitted to the Division of MHDDAD along with the Division’s Behavioral Health Provider Application, when applicable.

## **Submission Requirements:**

The following describes the specific elements of the application, which are required, and the Division’s protocol for application review:

- The completed Medicaid and DMHDDAD applications, with required supporting documentation must be submitted simultaneously to the Division of MHDDAD.
- This submission must include a single hard copy and a single electronic version on CD. The hard copy must be original documents and be tabbed for easy review. The electronic version must be complete and include scanned documents with signatures of all components submitted in the hard copy version.
- The hard copy and CD of the completed Medicaid and DMHDDAD applications must be sent to the address listed below via U S Postal Service or other recognized mail carrier such as UPS, FedEx, DHL, etc.:

### **HAND DELIVERIES WILL NOT BE ACCEPTED**

**Provider Enrollment Unit  
Attention: Vanessa Davis  
Provider Network Management Section  
Division of MHDDAD  
2 Peachtree Street, 23<sup>rd</sup> Floor  
Atlanta, Georgia 30303**

- **Once the Division receives the application, a tracking number will be assigned.**
- **Application receipt confirmation and the tracking number will be submitted to the organization via email within 48 hours.**
- **All communications, updates, modifications to the original application including the addition or deletion of services and site locations as well as requests for additional information must reference this tracking number.**  
**NOTE: Any questions regarding your application must be submitted via email to the following address: [MHDDAD-serviceapps@dhr.state.ga.us](mailto:MHDDAD-serviceapps@dhr.state.ga.us).**

- The Division anticipates a full processing of applications within 60 days of the application receipt confirmation unless the application is incomplete and additional information is required. The 60-day time frame will be extended and the applying organization will be notified in writing regarding the status of the application.
- In order for the provider's Medicaid application to be reviewed, it must be accompanied by the Division's Behavioral Health Provider application.
- DMHDDAD Provider approval will occur upon receipt of all required information and at the discretion of the Division.
- The Division of MHDDAD will then recommend the organization for Medicaid approval and forward the application to DCH. The recommendation by DMHDDAD does not guarantee a Medicaid Provider Number or the timeliness of the assignment of the number. This number is issued at the discretion of DCH.

### **Section I- Application Type**

Check the appropriate **Behavioral Health Provider Category** and **Services** that describe your organization and intent. Agencies must be prepared to deliver both mental health and addictive diseases services. A complete list of the services, definitions, staff qualifications and required standards can be found in the Division's Provider Manual. The Provider Manual is available at <http://mhddad.dhr.georgia.gov>. Select the "**Provider Information**" link, then click on FY 2007 Provider Manual; particular attention should be directed to Parts I and II for the standards, service definitions and staffing requirements.

Check the appropriate *Accreditation* agency and category. A copy of your current accreditation or acknowledgement from one of the four accepted bodies regarding your status and intentions to become accredited must be included with your application.

### **Section II- Corporate Entity/Main Georgia Site**

All fields are required for a complete application. The person(s) identified, as the contact should be easily accessible via email for providing additional information should it be required. Also note in Section B, it is critical to provide the agency's d/b/a or any other associated or alternative business names, if applicable.

### **Section III- Service Location**

Submit a copy of the three-page section for each service location.

#### **Sub-Section E**

**Core Providers:** Must have a main site designated for the provision of services that operates a minimum of 52 hours per week. The main site shall have services available in the evenings or weekends to allow access for individuals who work or are in school. A minimum of 30% (15.5 hours) of the operating hours must be during times other than the traditional business hours of Monday – Friday, 8:00 AM to 5:00 PM. The Core provider with a

satellite site(s) shall designate 30% of the business hours to be during times other than the traditional operating hours of Monday – Friday, 8:00 AM to 5:00 PM. Be specific regarding the sites’ business hours by completing the grid to demonstrate how the agency will meet these requirements.

**Intensive Family Intervention:** An office location and office hours are required, although, it is expected that the services and supports are provided when and where the family needs them and in compliance with the service definition and guidelines.

### **Sub-Section F**

In the provider agreement that must be signed to do business with DMHDDAD, **Core Service** providers must be prepared to respond within 2 hours when either an existing consumer in treatment needs the intervention or when a referral for crisis services is made to the agency through the Georgia Crisis and Access Line or other referral sources. Check all the boxes that apply to describe how your agency will meet this required access. Please note for behavioral health crises, answering machines are not adequate for after hours accessibility.

**Intensive Family Intervention:** providers must have plans for after hours access for consumers in existing treatment. Check all the boxes that apply to describe how your agency will meet this required access.

### **Sub-Section G**

Please list Core and Specialty services staff separately on the appropriate form, for each service location, if applicable. Core services are comprehensive and require many types of staff. The division has identified these as a minimum requirement:

#### **Core Services**

Physician	Minimum of 10 hours per week
Nursing	Minimum of 10 hours per week (RN or LPN under the supervision of a physician in accordance with O.C.GA)
MHP	1 Full-time equivalent licensed clinician (Licensed clinician must supervise the CSIs)
MHP	2 Half-time equivalent positions, one may be designated as the SAM may also be a Certified Addiction Counselor II
CSI	2 Full-time equivalents

## IFI Services

Team Leader	1 Full-time equivalent - LCSW, LPC, LMFT
Paraprofessional	2 For 12 family compliment 3 For 16 family compliment

### Sub-Section H

Medicaid Participation: Many providers are currently certified to provide Medicaid services. If this is applicable to your agency, please complete the table and other questions as appropriate.

### Section IV-Professional and General Liability Information

If “yes” is provided to any of these questions, supporting documentation is required that fully explains the circumstances surrounding the event, details of any resulting settlements, and or resolutions.

### Section V- Other Required Information

- Applicants must provide evidence of a business recorded with Georgia’s Secretary of State Office. **NOTE: This is not applicable to Community Services Boards**
- The general and professional insurance requirements can be found in the Division’s Provider Manual, available through the **Provider Information** link on this web page: <http://mhddad.dhr.georgia.gov>. These requirements are specifically noted in the link located at the bottom of the Provider Manual information and titled:  
**UPDATE: Insurance Requirements 6.30.06**
- Provide the current Organizational Chart for the Georgia operations. This chart must indicate the number of FTEs currently employed in each position. Also include the proposed Organizational Chart for the Georgia operations, which will include the services covered in this application and also the number of FTEs for each position to manage these services (the Organizational Chart must reflect the minimum staffing requirements noted in III E).

The **Attestation Form** should be completed, signed and submitted by the CEO/Director.